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Project Sheet

Name _____ Project _____ Date _____

◎ Identify a concern

Ask yourself—
- Which project ideas deal with concerns that are most important to me?
- Which could lead to an in-depth project?
- Which can be finished in the time available?

My top concern is: _____

↑ Set a goal

Here's what I hope to accomplish:

By _____ , I will improve _____
        [date]   [habit/activity/personal trait to be improved]

by _____ .
              [information to be learned, activity to be completed, or number to be reached]

▣ Form a plan

Here's my plan:

Who:

What:

When:

Where:

How:

Resources: Attach a separate sheet listing **people, publications,** and **community agencies** that can help you with your project.

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FCCLA
Family, Career and Community Leaders of America
The Ultimate Leadership Experience
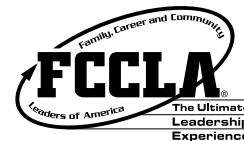
Proposed Project Checklist

Share this checklist with your adviser and/or evaluation team **before** starting your project.

Is the goal realistic for the available time?	❏ yes	❏ no
Is it an in-depth project?	❏ yes	❏ no
Is the project related to the unit topic?	❏ yes	❏ no
Is the member assuming full responsibility for the project?	❏ yes	❏ no
Is the project plan complete and clearly stated?	❏ yes	❏ no
Will the project be the work of one individual?	❏ yes	❏ no
Are the planned activities meaningful and significant to the project?	❏ yes	❏ no

Answers to all questions should be "yes" for member to proceed.

Revisions suggested:

Adviser Signature _____ Date _____

◻ Act
Here's what I accomplished:

▦ Follow up
Here's what I learned:

What were the most successful parts of your project?

What would you change if you repeated the project?

Follow-up checklist (to be completed by adviser and/or evaluation team)

Did the student—

Achieve the original goal?	❏ yes	❏ no
Complete all planned activities?	❏ yes	❏ no
Devote in-depth effort to the project?	❏ yes	❏ no
Complete the project alone?	❏ yes	❏ no

Answers to all questions must be "yes" for approval of project.

Adviser Signature _____ Date _____

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